

**Customer Service**Office location - 7447 E. Indian School Road, Suite 110  
Scottsdale, AZ 85251

or

9379 E. San Salvador Drive, Suite 100  
Scottsdale, AZ 85258

Telephone - (480) 312-2400

**PC-2030****AFTER-HOURS ESTABLISHMENT  
SUPPLEMENTAL APPLICATION**\_\_\_\_\_  
LicenseNumber

Records Check \_\_\_\_\_

\_\_\_\_\_  
After Hours Ord. (date & initial)\_\_\_\_\_  
General Provisions (date & initial)**Business name, telephone number, location**\_\_\_\_\_  
BUSINESS NAME (Individual, Company or "DBA", first name first)\_\_\_\_\_  
Area Code\_\_\_\_\_  
Business Telephone No.\_\_\_\_\_  
STREET NO. (N,E,S,W)\_\_\_\_\_  
STREET NAME\_\_\_\_\_  
Type  
(ST.DR.AV.)\_\_\_\_\_  
STE./APT. NUMBER\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
ZIP**Business Mailing Address**\_\_\_\_\_  
STREET NO. (N,E,S,W)\_\_\_\_\_  
STREET NAME\_\_\_\_\_  
Type  
(ST.DR.AV.)\_\_\_\_\_  
STE./APT. NUMBER\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
ZIP

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other name(s) by which applicant has been known (include prior married name(s) &amp; maiden name): \_\_\_\_\_

Present Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Residence Address(es) for five years immediately preceding application**

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Street\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Street\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Street\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # or Equivalent \_\_\_\_\_

Driver's License #: \_\_\_\_\_ or State of Arizona Identification License #: \_\_\_\_\_

Employment/Prior Business for the past 5 years: Begin with most recent job.

Employment Date

From-To	Employer Name and Address	Title & Duties	Supervisor's name	Reason for Leaving

License History

List below any State liquor license, permits, professional or business license, suspended, revoked or terminated. If Yes, Reason

License Type	Issuing Jurisdiction	Effective Dates	Yes	No	Managing Agent

Convictions

List any felony or misdemeanor convictions (except minor civil violations) received within the past 5 years.

Offence	Where Offence Occurred	Date of Offence	Court(s) Entered Into

Additional Information Required

- 1 Documentation of age over 18 years
- 2 Fingerprints if not taken at the Office of the Director, shall be taken by law enforcement agency and accompanied by a notarized verification by that agency.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

DATE: SIGNATURE: Additional Information Required

RECOMENDATION: